Area Program / LME Local Business Plan: Quarterly Reports

Area Program(s) / County Program	**Mental Health Services of Catawba County**
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Summary Of Quarterly Reports: As stated in Communication Bulletin #2, Local Business Plan Submission and LME Certification, each Area Program / LME is required to provide quarterly updates. The Area Program / LME can choose to use the matrix format as identified in Communication bulletin #2, if using the matrix format for LMP submission or can use the narrative format. At the end of each fiscal year, the Area Program / LME should review / revise and update the three year strategic plan base upon outcomes achieved for the past year and new goals established. The Area Program / LME should always be working toward FULL implementation of the LBP, developing into an LME, and implementing the Communication Bulletin(s) released for the past year. Quarterly reports need to be submitted no later than 30 days after the end of the quarter.

Instructions: For each chapter of the LBP, provide a narrative summary detailing actions completed and barriers toward implementation of the LBP for the past quarter. As Communication Bulletins are released, the Area Program will complete the section identified for the Communication Bulletins on the quarterly report, indicating a plan for implementation and update quarterly until the Communication Bulletin is added into the annual 3-year strategic plan for purposes of Implementation. The Comment Section is intended to provide the Area Program/LME the opportunity to address any concerns, barriers, technical assistance needs, support needs, or suggestions for the Division that will further support the Area Program's work towards implementation of becoming an LME.

I. Planning

Planning efforts toward LME certification and service divestiture are active and ongoing. At every phase, consumers, local county government, community stakeholders and area program staff are informed of projected changes, timelines, and barriers. Two concentrated efforts at divestiture are the joint effort with the Department of Social Services (DSS) to create a comprehensive children's service called the Family N.E.T, and the spin-off of a private nonprofit entity called Catawba Valley Behavioral Healthcare. Please see the attached file (Attachment A) which details updated planning efforts and the services to be housed in each effort. Additionally, the QPN development team is initiating the RFI/RFP process for service areas to be contracted out comprehensively rather than to individual providers, particularly in the area of adult substance

abuse services. Work groups for each major divestiture effort, as well as LME development, are in place and accomplishing necessary tasks as noted in Attachment A. Organizational charts for each effort are not submitted at this time, pending information from the state on a finalized cost model for the LME, and service definitions/rate structures. This information is necessary for realistic planning on staffing patterns and scope of service parameters to be viable financially as independent businesses (either LME, Family N.E.T., or Catawba Valley Behavioral Healthcare)

I. a. CFAC Involvement (AP to discuss CFAC work, involvement, and issues identified for the past quarter.)

The Catawba County CFAC has continued to be an active player in Mental Health Reform. CFAC is involved in the planning process and has provided input into the 3-year strategic plan. Catawba County CFAC hosted 2 regional CFAC meetings during this last quarter; these meetings involved CFAC representation from the Western Region Area Programs. At the meeting on August 20th representatives from Blue Ridge, Pathways, Foothills, Catawba, Mecklenberg and Crossroads participated in a meeting with Janet Schazenbach, a representative of the NC Council. Various LME liaisons were present to hear from the CFAC members as they expressed their areas of concern around MH Reform. The members have scheduled another Regional meeting in December and are in the process of developing a regional listserve to ensure that all CFAC members' voices are heard.

The CFAC-related issues from previous quarters are still outstanding due to lack of information from the Division regarding service definitions and rate structures. The local CFAC has noticed some improvement in communication from the Division and appreciates that the Division staff are attempting to communicate in a more timely manner with the local CFAC members, particularly in soliciting input on proposed changes. The Catawba County CFAC looks forward to the establishment of the State CFAC in order to have a more direct line of communication with the Division.

II. Governance, Management, and Administration

This LBP section was submitted prior to 4/1/03; awaiting feedback from the Division.

III. Qualified Provider Network Development

We continue to send a Provider Survey to all new providers as they develop within our 30 miles/30 minute radius of Catawba County. (Attachment B) This survey project was initiated in September 2002. You will note that our survey addresses handicap accessibility and cultural diversity capacity as well as whether the provider has transportation services available to the consumer. This information is entered into our provider database and we are able to sort this

information by location, type of service, or age/disability group. A copy of the provider database information is also included. (Attachment C1 – C34, D, & E) This gives us information about current services and services the provider may be interested in providing in the future. Based on MHSCC's first submission of the QPN Provider Survey results, respondents have increased by 60% for the count of providers offering information regarding scope and population focus of treatment. This widens the pool from which a QON can be contractually developed and designed based on local community consumer needs. Contracts are being negotiated regularly with new providers as the QPN is developed to date. Though current providers of adult substance abuse services are the smallest number, that area represents the highest percentage of potential growth by providers expressing interest in expanding service areas in the future.

Our data shows that we need additional services in the area of substance abuse treatment for both adults and adolescents. We are in the process of issuing an RFI for these services.

In our first year there will be a transition of adult mental health and DD services to a non-profit provider to manage the treatment needs of the severe and persistent mentally ill consumers, developmentally disabled consumers and those with dual diagnoses involving substance abuse issues. Programming involves residential and day programming for adult mental health and DD consumers. Consumers who have had multiple psychiatric hospitalizations and/or complex MI/SA issues will be managed through assertive community treatment approaches and community supports. Psychiatric services will be available through this non-profit provider.

Child mental health services will be transitioned in multiple ways. Private providers for outpatient and residential providers will continue to expand and be included in the provider network. Catawba County Department of Social Services is developing a unit to provide specialized treatment for child mental health consumers with comprehensive treatment needs. Psychiatric services will be available within this specialized treatment unit. A full array of residential providers is available within a 30 mile/30 minute radius of Catawba County; however, there is a limited number available within the county.

Case management services will be integrated within the private provider network. A gap does exist in the area of psychiatric services. Psychiatrists in their private practices are not willing to bill Medicaid because of the rate structure and associated billing compliance costs. Private providers have also been unable to arrange for the provision of psychiatric services within their practices because of the expense and rate structures. This does result in a limiting of consumer choice when it comes to receiving psychiatric services.

The transition to a fully divested private service provider network will be complete by July 1, 2007.

Mental Health Services of Catawba County has a long history of successfully contracting with community providers for services to children and adults with mental health, developmental disabilities, and substance abuse problems. Contracting with these providers will continue with expansion in services planned by some of these providers. In discussions with existing providers and planned provider groups that will be in place by July 1, 2004, it is expected that the capacity will exist to serve all eligible consumers. The local Consumer and Family Advisory Committee has been clear and consistent in their message that they want providers who provide quality one-stop comprehensive service settings and that provider groups should strive to maintain a low staff turnover rate.

Work has already begun to educate providers about the expectations of using best practices models of care to help consumers achieve treatment goals in a timely manner and to take advantage of natural supports where these exist. Annually, the Consumer and Family Advisory Committee and other stakeholders will work with the Local Managing Entity in reviewing needed services and providers.

IV. Service Management
This LBP section was submitted prior to 4/1/03; awaiting feedback from the Division.

V. Access to Care
This LBP section was submitted prior to 4/1/03; awaiting feedback from the Division.

VI. Service Monitoring and Oversight: Quality Management
A more detailed Draft Quality Management Plan is attached (Attachment F) in response to Division feedback on MHSCC's previous submission.

VII. Evaluation
Some updated components of the Evaluation section are addressed in Quality Management section above.

VIII. Financial Management and Accountability
This LBP section was submitted prior to 4/1/03; awaiting feedback from the Division.

IX. Information Systems and Data Management
This LBP section was submitted prior to 4/1/03; awaiting feedback from the Division.

X. Collaboration
A more comprehensive "snapshot" of Catawba County has been developed. (Attachment G)The information has provided clearer areas of needed attention and highlighted issues for consideration in the service delivery design of the QPN. Of particular note are community pockets of socio-economic differences and language diversity. Additionally, calculations have been applied to Catawba County service data as it applies to Pareto Solutions' proposed LME cost modeling. (Attachment H)

Communication Bulletin #003 Management of State Plan Target and Non-Target Populations
Information regarding this communication bulletin was submitted with our quarterly update for 7/01/03 under the Qualified Provider Network section. MIS systems to accommodate IPRS have been modified to reflect the most recent specifications for target/ non-target population categories and tracking.

Communication Bulletin #004 Housing
Mental Health Services of Catawba County (MHSCC) currently operates four group homes for mentally retarded and developmentally disabled adults in cooperation with Housing Development Services, The Arc of North Carolina, Inc. In addition, MHSCC operates one group home and one supervised living apartment program for mentally ill adults in cooperation with the Mental Health Association. MHSCC operates three houses owned by Catawba County, through which supervised living services are provided to six adults with either mental retardation or mental illness diagnoses. In addition, we lease eight apartments from private landlords where we provide supervised living services to an additional sixteen individuals with mental retardation or mental illness diagnoses. Residential Services and CSP Case Management have worked together to place all sixteen of these individuals on the Section 8 waiting list either through the Hickory Housing Authority or through Western Piedmont Council of Government (WPCOG) over the past year. We currently have two residents receiving Section 8 subsidy through this effort and eleven others are scheduled to meet with WPCOG for the final steps to begin their Section 8 subsidy in September 2003. Residential Services is working closely with Kay

Johnson from Housing Works to develop housing for disabled and homeless individuals in our community. Through this relationship, MHSCC has joined with other agencies in the area to begin developing new and exciting housing opportunities. The Park at Cline Village is the first collaborative project that will include five units set aside for this needy population. MHSCC has agreed to be the lead agency in this project providing services to and ensuring referrals of individuals to these units. Natalie McBride, Residential Services Manager, will join the Continuum of Care group in Catawba County and begin working closely with the other agencies involved in this continuum to secure grants and funding for future housing project. Finally, we are set to begin surveying the community regarding housing needs for homeless and/or disabled individuals. MHSCC is actively involved in this area of community development, recognizing and backing the dire need for continued identification and development of housing for the individuals we serve. Of concern is that while the Western Piedmont Council on Government has 345 Section 8 vouchers, it is a lengthy process to become eligible for a voucher. The current list is closed with over 700 applicants waiting for a voucher, and there is no anticipated time for that list to resume being processed again.

Communication Bulletin #005 Q&A for County Commissioners/Managers

The MHSCC Area Director communicates regularly with the County Manager and County Commissioners around the issues addressed in this communication. There are several areas of reform that require finalized input from the Division before further steps can be taken. Of particular concern to Catawba County Commissioners is the lack of a finalized LME funding model so that the county's particular financial role can be assessed and budgeted. Another concern being addressed on the local level to elicit/ support Division response is the retirement issue and concerns for employees transferring from the public domain to the private (i.e., ability to remain part of the state/local retirement system when transitioning to a private provider providing MH/DD/SA services, benefit packages, etc.) On this issue, Catawba County Commissioners have presented their concerns to the County Commissioner's Association and have met with local legislators. Our Area Director is continuing to explore options to preserve participation in the retirement system. The Board of Commissioners is aware of on-going strategic planning efforts, including the divestiture process. The County Commissioners have taken an active role in appointments to the Area Board and have ensured that the Area Board meets the required legislative composition, including the appointment of a County Commissioner.

Communication Bulletin #006 Community Hospitals

MHSCC has maintained a partnering role with the two local hospitals over many years. The Area Program will continue to work with the hospitals in a manner that ensures that the hospitals are an active partner in mental health reform. In particular, we will focus on QPN refinement and the hospital's role specifically in access and emergency services. A

hospital representative is a member of the Area Board, which lends another level of collaborative involvement as decisions around meeting reform expectations are discussed and finalized. Consultation services provided by MHSCC to the hospital are well-established and form a basis for further development of provider resources for Catawba County citizens.

Communication Bulletin #007 Best Practice - Adult Mental Health

MHSCC has focused on the identification and needs assessment internally for the standard use of best practice interventions per population served. Within Adult Mental health, several best practices are well-established and functional. Our PSR Clubhouse, Connections, has been in operation for 10 years, with components of transitional, supported and independent employment for participating consumers. In addition, the Area Program has developed a part-time position for the CFAC secretary, held by a consumer, to take care of those committee responsibilities and other tasks as assigned. Person-centered planning is most strongly practiced currently with the DD population, but the theoretical focus of building treatment around the consumer's expressed input and needs has long been in place across disabilities. Areas which need to be strengthened are identifying and engaging more community supports across a broader range of life domains.

The integrated system of supports and services is best exemplified in the divestiture plans of spinning off a private nonprofit, Catawba Valley Behavioral Healthcare. This comprehensive service provider is being established to meet the service needs of high-risk adult clients, and will offer the following services: psychiatric care, day treatment, residential services, outpatient counseling and an ACT Team. This provider, in conjunction with other community contracts held by the LME, will work in a relational arrangement to maximize the scope and accessibility of services available to this population. Plans include the marketing of this comprehensive service provider entity to other counties.

As noted briefly above, an ACT Team is in place and currently serving 48 SPMI consumers; plans are in progress to create another team to serve dually-diagnosed MH/SA and MH/DD clients, and those falling within the SMI target population.

We have a staff member serving on the Geriatric Team, a treatment effort that was developed by a non-profit community provider with community capacity dollars; this is a multi-county program. Finally, integrated dual disorder treatment for MH/SA clients has long been standard practice.

Separate from formal therapeutic interventions has been the establishment of a consumer peer support group called New Beginnings. It is solely run by consumers and meets weekly. Consumers of Catawba County have also established a NAMI chapter for local participation.

Communication Bulletin #00
Narrative:

Communication Bulletin #00
Narrative:

Comment Section: (AP/LME to address any concerns, barriers, needs for technical assistance, support required, or suggestions for the Division that will further support AP's work towards implementation of becoming an full LME.)
MHSCC is working diligently towards Phase III implementation as a full LME. Key information for planning efforts both at the LME level and for divestiture completion is still lacking from the Division, which slows the local process. Please see the attached files identifying concerns/ barriers/ questions. (Attachments I & J)

Area Program Director Signature:	Signature
Date:	date